IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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RODNEY A. ROBERTS, DIRECTOR

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LT. GOVERNOR

Complaint/Incident Intake #: 57800-C

March 10, 2016

Mr. Marc Strohschein, Manager
Senior Star at Elmore Place AL
4500 Elmore Avenue
Davenport, IA 52807

RE: Final Complaint/Incident Investigation Report – Senior Star at Elmore Place AL, Davenport, IA

Dear Mr. Strohschein:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 3, 2016, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69.

Based on review of tenant files, review of incident reports, review of policies and procedures, tenant interview, staff interviews, nursing interviews, Director of Nursing interview and monitor observations the following was found:

1. Allegation: Policy and Procedure
   Findings: Not substantiated
   Comments: Review of Program policies and procedures indicated the Program followed all policies as indicated. No concerns with policies and procedures were identified.

2. Allegation: Tenant Rights
   Findings: Not substantiated
   Comments: Review of a Medication Error Report Form dated 1-29-16 indicated a tenant requested family not be notified of the medication error. According to the Medication Error Report Form the medication error occurred on 1-29-16 at 8:30 a.m. According to Nurse's Notes dated 1-29-16 at 2:30 p.m. medications were to be held for the remainder of the day and resume normal medication on 1-30-16. On 1-30-16

at 4:55 p.m. a tenant was transported to the hospital due to being unresponsive in the dining room. Three nurses and the Director of Nursing were interviewed and stated when a tenant was transported to the ER, the physician and family were notified and the staff nurse would share information with the ER staff when they called to give report. A packet of information was sent to the ER that included a medication administration record (MAR). Any medication errors would be indicated on the MAR. No concerns with tenant rights were identified.

3. Allegation: DIA Notification
   Findings: Not substantiated
   Comments: The medication error that occurred along with the hospitalization a day later was not required to be reported to the Department. The staff member who made the medication error received a written disciplinary notice. No concerns with DIA notification were identified.

No Regulatory Insufficiencies were identified.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0295	A. BUILDING: _____ B. WING _____	C 03/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR STAR AT ELMORE PLACE AL	4500 ELMORE AVENUE DAVENPORT, IA 52807

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 110 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 112 TOTAL census of Assisted Living Program: 112 No regulatory insufficiencies were cited during the investigation of Complaint #57800-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE